Revision: HCFA-PM-85-14 (BERC)

SEPTEMBER 1985

ATTACHMENT 4.18-A

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OMB NO.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:

South Dakota

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

| | Type of Charge | | | |
|-------------------------------------|----------------|-------|-------|--|
| Service | Deduct | Coins | Copay | Amount and Basis for Determination |
| Prescription Drugs | | | Х | \$2.00 for each prescription filled or refilled. |
| Physicians | | | х | \$2.00 for each office visit, home visit, hospital admission, general ophthalmological service, or medical psychotherapy service. The average payment each day a patient receives one of these services is approximately \$33.00 |
| Outpatient Hospital | | х | | 5% of payment amount, up to a maximum of \$50.00, excluding laboratory services, for each non-emergency service. |
| Durable Medical Equipment | | Х | | 5% of payment amount. |
| Prosthetic Devices | | Х | | 5% of payment amount. |
| Medical Supplies | | | Х | \$1.00 for each supply. |
| Dental Services | | | х | \$1.00 for each procedure. |
| Dentures | | | х | \$3.00 for each complete denture or reline of complete denture. |
| EPSDT | | | Х | \$1.00 per screening, dental procedure, optometric, or optical procedure. |
| Mental Health Centers | | Х | | 5% of payment amount. |
| Chiropractic | | | х | \$0.50 for each procedure. |
| Rural Health Clinics | | | х | \$2.00 for each visit. |
| Hospital-Based Rural Health Clinics | | | х | \$2.00 for each visit. |
| Federally Qualified Health Centers | | | х | \$2.00 for each visit. |

| TN | No. | 97-3 | | | |
|------------|-----|------|--|--|--|
| Supersedes | | | | | |
| тN | Nο | 96-6 | | | |

Approval Date $\frac{13/15/97}{}$

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

| | | State: South Dakota | | | | |
|----|--|---|--|--|--|--|
| в. | The method used to collect cost sharing charges for categorically needy individuals: | | | | | |
| | 12/ | Providers are responsible for collecting the cost sharing charges from individuals. | | | | |

The agency reimburses providers the full Medicaid rate for a service and collects the cost sharing charges from individuals.

C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

Individuals or family units with income below the AFDC standard payment allowance will be considered unable to pay any cost sharing charges. When this condition exists a message will be printed on the medical identification card that the person is exempt from cost sharing charges.

TN No. 92-22Supersedes TN No. 86-4

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